

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
DATE RECEIVED
MAR 23 2015
Bayfield Co. Zoning Dept.

Permit #:	15-08000
Date:	6-25-15
Amount Paid:	
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning.asp)

TYPE OF PERMIT REQUESTED →		<input type="checkbox"/> LAND USE	<input type="checkbox"/> SANITARY	<input type="checkbox"/> PRIVATE	<input type="checkbox"/> CONDITIONAL USE	<input type="checkbox"/> SPECIAL USE	<input type="checkbox"/> B.O.A.	<input type="checkbox"/> OTHER	
Owner's Name:		Mailing Address:		City/State/Zip:		Telephone:			
Matthew J Lazovich		PO box 185		Cornucopia WI 54827					
Address of Property:		City/State/Zip:		Cell Phone:					
22200 St Hwy 13		Cornucopia WI 54827		715-475-8462					
Contractor:		Contractor Phone:		Plumber:		Plumber Phone:			
N/A		N/A		N/A		N/A			
Authorized Agent: (Person Signing Application on behalf of Owner(s))		Agent Phone:		Agent Mailing Address (include City/State/Zip):		Written Authorization Attached			
N/A		N/A		N/A		<input type="checkbox"/> Yes <input type="checkbox"/> No			
PROJECT LOCATION		Legal Description: (Use Tax Statement)		PIN: (23 digits)		Recorded Document: (i.e. Property Ownership)			
				04-010-2-51-06-34-3 02-000-1200		Volume 1086 Page(s) 162			
		1/4, 1/4		Gov't Lot		Lot(s)		Vol & Page	
				1		1311		VS P79	
Section 34, Township 51 N, Range 06 W		Town of:		Lot(s) No.		Block(s) No.		Subdivision:	
		Beil							
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes--Continue →		Distance Structure is from Shoreline: feet		<input type="checkbox"/> Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes--Continue →		Distance Structure is from Shoreline: feet					

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ N/A	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Septic	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input checked="" type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>	<input type="checkbox"/> Foundation	<input type="checkbox"/>	<input type="checkbox"/> None	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: 42	Width: 26	Height: 15
Proposed Construction:	Length: N/A	Width: N/A	Height: N/A

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	(X)	
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(X)	
<input type="checkbox"/>	with Loft	(X)	
<input type="checkbox"/>	with a Porch	(X)	
<input type="checkbox"/>	with (2 nd) Porch	(X)	
<input type="checkbox"/>	with a Deck	(X)	
<input type="checkbox"/>	with (2 nd) Deck	(X)	
<input type="checkbox"/>	with Attached Garage	(X)	
<input type="checkbox"/>	Bunkhouse w/ <input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities	(X)	
<input type="checkbox"/>	Mobile Home (manufactured date)	(X)	
<input type="checkbox"/>	Addition/Alteration (specify)	(X)	
<input type="checkbox"/>	Accessory Building (specify)	(X)	
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify)	(X)	
<input type="checkbox"/>	Special Use: (explain) Home based business	(8 x 12)	96
<input type="checkbox"/>	Conditional Use: (explain)	(X)	
<input type="checkbox"/>	Other: (explain)	(X)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Mike Lazovich
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date: 3-23-15
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit PO box 185 Cornucopia WI 54827
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

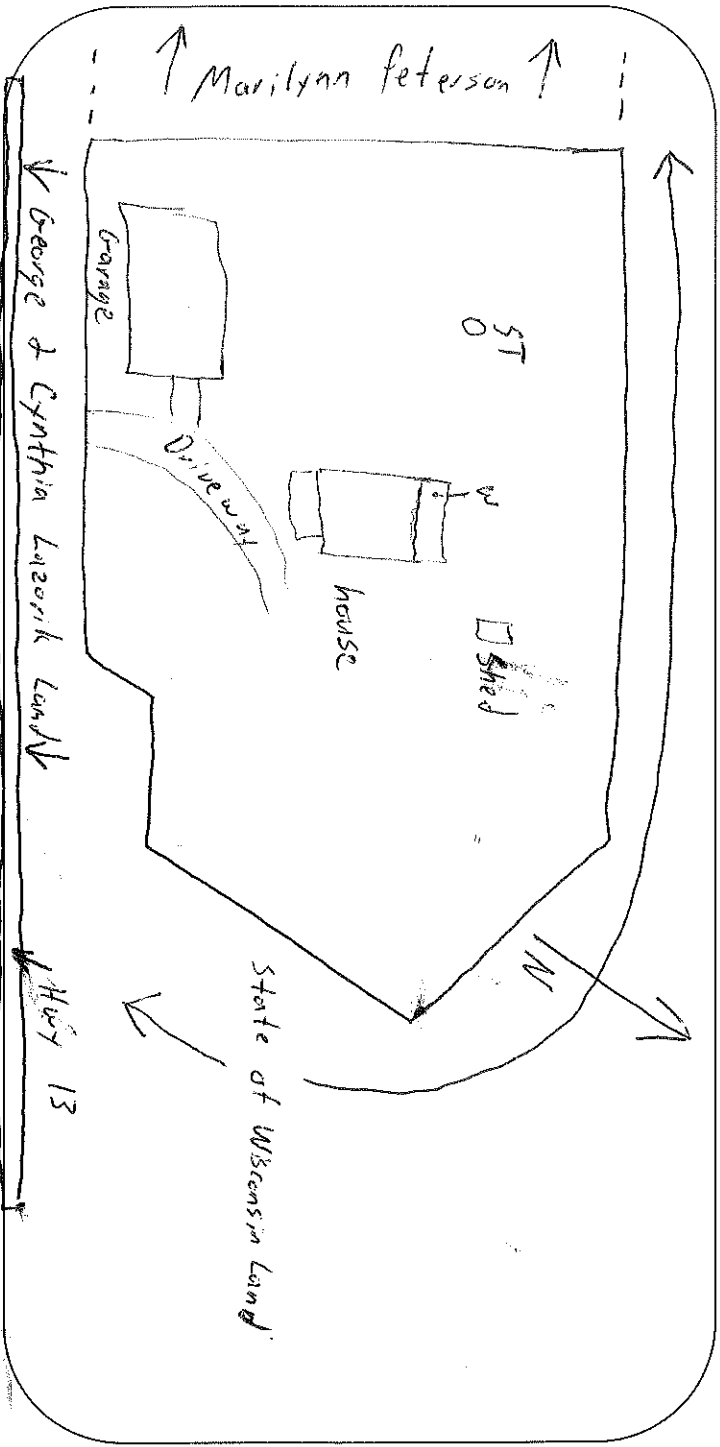
Attach

Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

- (8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	110 Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	80 Feet	Setback from the River, Stream, Creek	Feet
		Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	80 Feet	Setback from Wetland	Feet
Setback from the South Lot Line	60 Feet	Setback from 20% Slope Area	Feet
Setback from the West Lot Line	242 Feet	Elevation of Floodplain	Feet
Setback from the East Lot Line	64 Feet		
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

- (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:		Not on record.	
Permit #: 15-0000	Permit Date: 10-25-15				
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Is Parcel in Common Ownership	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		Case #:	
<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Case #:		Case #:			
Was Parcel Legally Created		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Was Property Surveyed		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Inspection Record: likely needs new sanitarian					
Date of Inspection: 5-11-15	Inspected by: J. GEORGE MURPHY				
Condition(s) Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (if No they need to be attached.)					
SEE ATTACHED AFFIDAVIT					
Signature of Inspector: [Signature]		Date of Approval: 10-24-15			
Hold For Sanitary: <input type="checkbox"/>		Hold For B.A.: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>	
Hold For Fees: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>		Hold For Fees: <input type="checkbox"/>	

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
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PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
JUN 08 2015
Bayfield Co. Zoning Dept

Permit #:	15-0809
Date:	6-25-15
Amount Paid:	\$100
Refund:	6-25-15

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED → <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>Austin Schaudenbach</u>	Mailing Address: <u>277 East 10th St Apt 5</u>	City/State/Zip: <u>New York, New York 10009</u>	Telephone:
Address of Property:	City/State/Zip:		Cell Phone:
Contractor: <u>Matt Lazarik</u>	Contractor Phone: <u>715-475-8462</u>	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>Matt Lazarik</u>	Agent Phone: <u>715-475-8462</u>	Agent Mailing Address (include City/State/Zip): <u>PO Box 185 Cornucopia WI 54827</u>	Written Authorization Attached <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION <u>West 1/4, 1/2 of PAR 1/4</u>	Legal Description: (Use Tax Statement) <u>04-010-2-51-06-31-4 05-001-50000</u>	PIN: (23 digits)	Recorded Document: (i.e. Property Ownership) Volume <u>573</u> Page(s) <u>216</u>
Gov't Lot <u>1</u>	Lot(s) <u>1</u>	CSM	Vol & Page
Lot(s)	CSM	Vol & Page	Lot(s) No.
Block(s) No.	Subdivision:	Volume	Page(s)
Section <u>31</u> , Township <u>S1</u> N, Range <u>06</u> W	Town of <u>Bell</u>	Lot Size	Acres <u>1.8</u>

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If YES--continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input checked="" type="checkbox"/> Property/Land within 1000 feet of Lake, Pond or Flowage If YES--continue →	Distance Structure is from Shoreline: _____ feet		

Value at time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ <u>12,000</u>	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> CITY
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/> _____	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input checked="" type="checkbox"/> Private
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement	<input type="checkbox"/> _____	<input type="checkbox"/> None	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement	<input type="checkbox"/> _____	<input checked="" type="checkbox"/> Foundation	<input type="checkbox"/> Portable (w/service contract)	
			<input checked="" type="checkbox"/> Foundation		<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: <u>80 ft</u>	Width: <u>4 ft</u>	Height: <u>N/A</u>

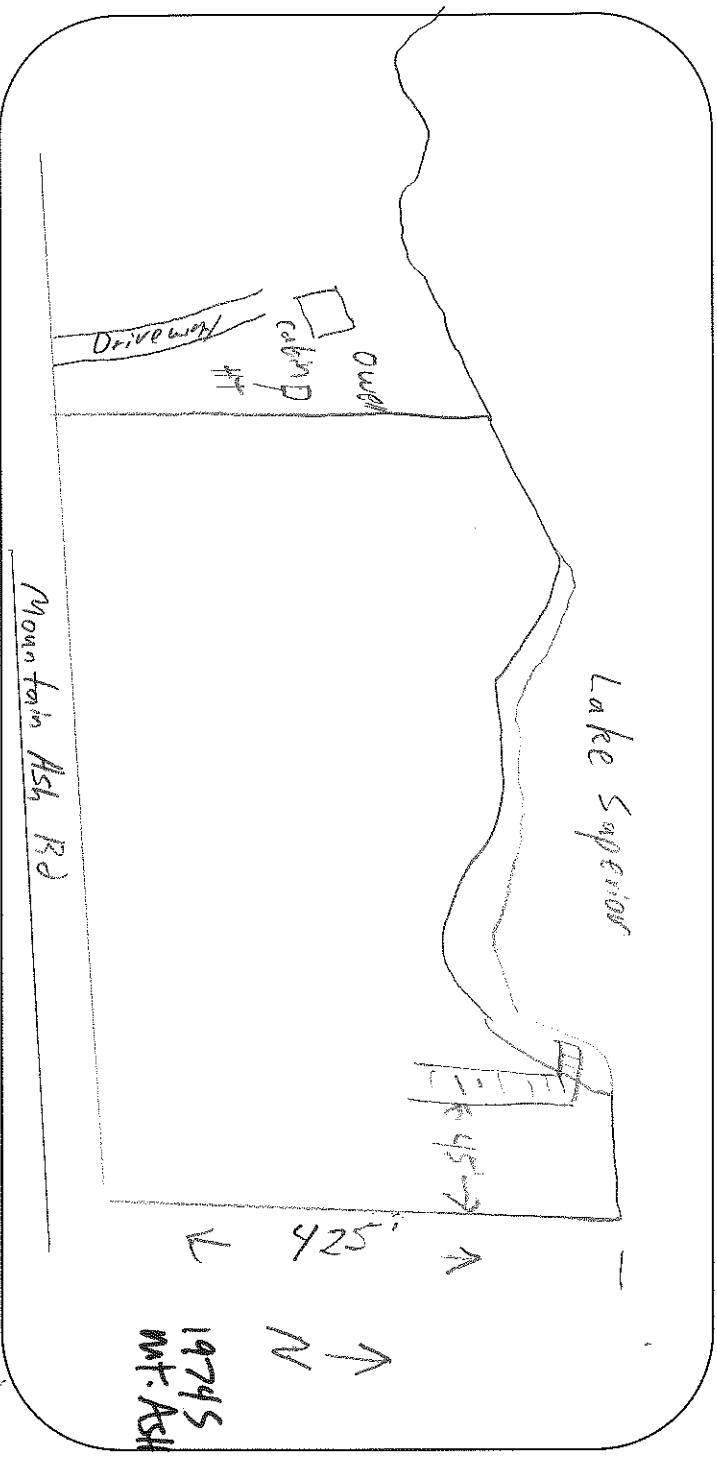
Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/>	Principal Structure (first structure on property)	() X ()	
<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	() X ()	
<input type="checkbox"/>	with Loft	() X ()	
<input type="checkbox"/>	with a Porch	() X ()	
<input type="checkbox"/>	with (2 nd) Porch	() X ()	
<input type="checkbox"/>	with a Deck	() X ()	
<input type="checkbox"/>	with (2 nd) Deck	() X ()	
<input type="checkbox"/>	with Attached Garage	() X ()	
<input type="checkbox"/>	Bunkhouse w/ () sanitary, or () sleeping quarters, or () cooking & food prep facilities)	() X ()	
<input type="checkbox"/>	Mobile Home (manufactured date) _____	() X ()	
<input type="checkbox"/>	Addition/Alteration (specify) _____	() X ()	
<input type="checkbox"/>	Accessory Building (specify) _____	() X ()	
<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____	() X ()	
<input type="checkbox"/>	Special Use: (explain) _____	() X ()	
<input type="checkbox"/>	Conditional Use: (explain) _____	() X ()	
<input checked="" type="checkbox"/>	Other: (explain) <u>Steinway to Lake</u>	() X ()	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): _____ Date _____
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: Matt Lazarik Date 6-8-15
(if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Address to send permit _____
If you recently purchased the property send your Recorded Deed

below: Draw or Sketch Your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
(2) Show / Indicate: North (N) on Plot Plan
(3) Show Location of (*): (*) Driveway and (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	405 Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	405 Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	45 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	168 Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number:	# of bedrooms:		Sanitary Date:
Permit Denied (Date):		Reason for Denial:			
Permit #: <u>15-0009</u>		Permit Date: <u>10-05-05</u>			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	Affidavit Required Affidavit Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:					
Date of Inspection: <u>6-22-15</u>	Inspected by: <u>CECON-Ross - Murphy</u>	Zoning District: (R-1) Lakes Classification: (1 - Superior)			
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.) Construction shall minimize earth disturbing activities & shoreline vegetation shall be visually inconspicuous as viewed from lake. Structure shall be no more than 4 ft wide & landings shall not exceed 40 ft & shall only be allowed if necessary for safety.		Date of Re-Inspection:			
Signature of Inspector: <u>[Signature]</u>		Date of Approval: <u>6-24-15</u>			
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

SUBMIT: COMPLETED APPLICATION, TAX
STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
JUN 10 2015
Bayfield Co. Zoning Dept.

Permit #: 15-0210
Date: 10-25-15
Amount Paid: \$975
Refund: 10-25-15

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: ☒ LAND USE ☐ SANITARY ☐ PRIVY ☐ CONDITIONAL USE ☐ SPECIAL USE ☐ B.O.A. ☐ OTHER

Owner's Name: Abby and Tom Bloom
Address of Property: 6740 Mt. Ash Road
City/State/Zip: Cornucopia WI 54627
Cell Phone:
Contractor: Contractor Phone: Plumber: Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s)) Agent Phone: Agent Mailing Address (include City/State/Zip):
PROJECT LOCATION: Legal Description: (Use Tax Statement) PIN: (23 digits) 04-010-2-51-06-31-4 05 001-4000
1/4, E1/4, Gov't Lot 1, Lot(s) CSM Vol & Page 887/611, Lot(s) No., Block(s) No., Subdivision:
Section, Township, N, Range, W, Town of: Bcll
Lot Size: Acreage 2.00

Shoreland ☒ Non-Shoreland
☐ Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If Yes---continue
☐ Is Property/Land within 1000 feet of Lake, Pond or Flowage If Yes---continue
Distance Structure is from Shoreline: feet
Distance Structure is from Floodplain Zone: feet
Is Property in Floodplain Zone? ☐ Yes ☒ No
Are Wetlands Present? ☐ Yes ☒ No

Value at Time of Completion * include donated time & material \$5,000
Project # of Stories and/or basement Use # of bedrooms What Type of Sewer/Sanitary System Is on the property? Water
☐ New Construction ☒ 1-Story ☒ Seasonal ☒ 1 ☐ Municipal/City ☐ City
☒ Addition/Alteration ☐ 1-Story + Loft ☐ Year Round ☐ 2 ☐ (New) Sanitary Specify Type: ☒ Well
☐ Conversion ☐ 2-Story ☐ Basement ☒ Sanitary (Exists) Specify Type: including privy
☐ Relocate (existing bldg) ☐ Basement ☐ Privy (Pit) or Vaulted (min 200 gallon)
☐ Run a Business on Property ☐ No Basement ☒ Portable (w/service contract)
☐ Foundation ☐ Compost Toilet ☐ None

Existing Structure: (if permit being applied for is relevant to it) Length: 12' Width: 12' Height: 11'
Proposed Construction: Length: 6' Width: 6' Height: 9 1/2'

Proposed Use ☒ Residential Use ☐ Commercial Use ☐ Municipal Use
Proposed Structure Dimensions Square Footage
☐ Principal Structure (first structure on property) () ()
☐ Residence (i.e. cabin, hunting shack, etc.) () ()
☐ with Loft () ()
☐ with a Porch add roof over parking 12x10 (12x10) 120 sq'
☒ with (2nd) Porch () ()
☐ with a Deck (18'x6') 66
☐ with (2nd) Deck () ()
☐ with Attached Garage () ()
☒ Bunkhouse w/ () Sanitary, or () sleeping quarters, or () cooking & food prep facilities (6'x6') 36
☐ Mobile Home (manufactured date) () ()
☐ Addition/Alteration (specify) bunkhouse addition () ()
☐ Accessory Building (specify) C 1/2 bath () ()
☐ Accessory Building Addition/Alteration (specify) () ()
Rec'd for Issuance JUN 25 2015
Special Use: (explain) () ()
Conditional Use: (explain) () ()
Other: (explain) () ()
Secretarial Staff () ()

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information. I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on the information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Abby Bloom
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)
Authorized Agent: _____ Date June 10, 2015

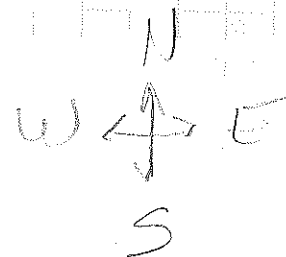
Address to send permit (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)
Copy of Tax Statement Attach
If you recently purchased the property send your Recorded Deed

6" shingles

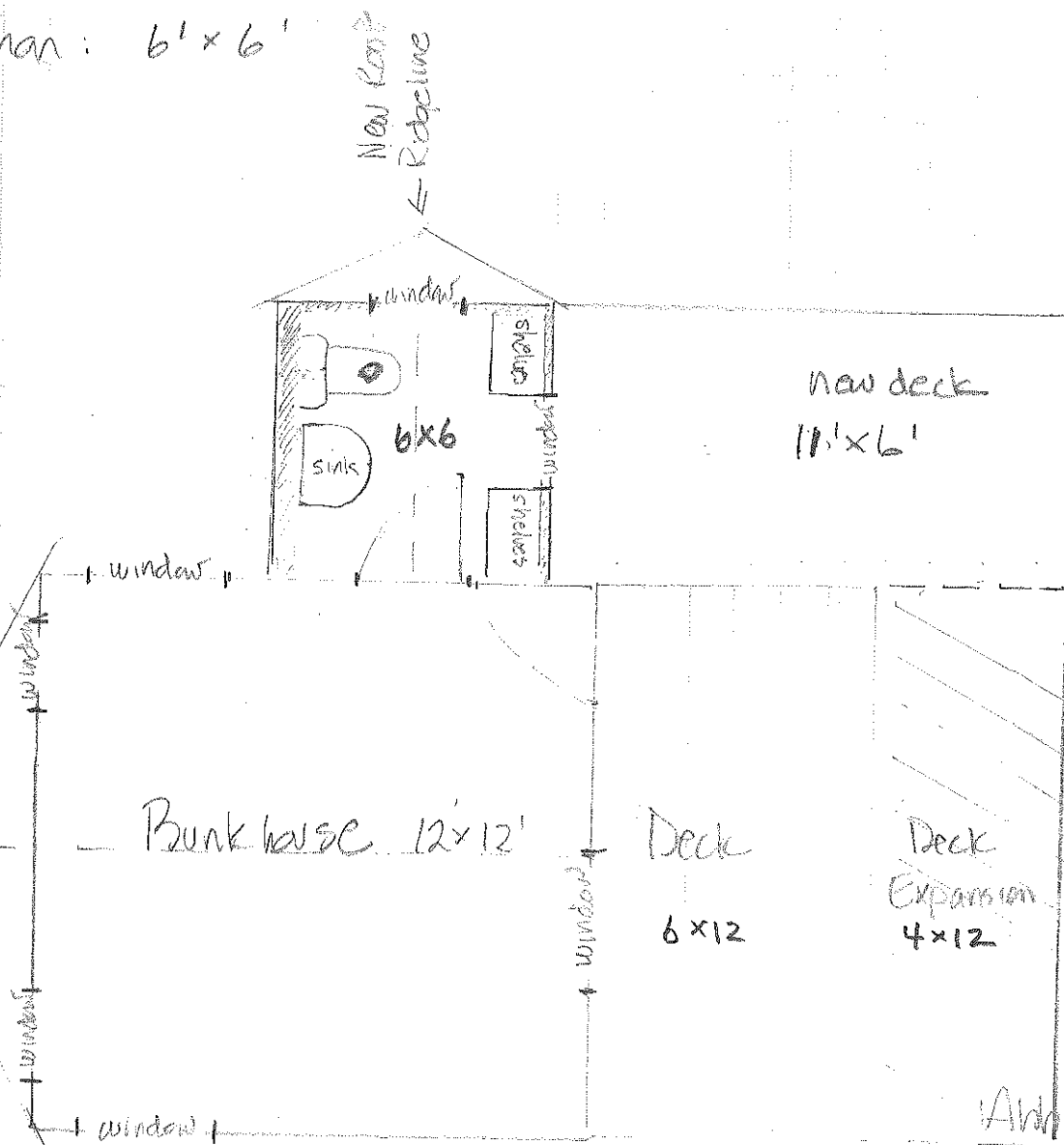
4" shingles

1 square = 1 foot

addition: 6' x 6'



Existing
Roof
Ridge line →



Anthony Polson
Thomas Blom
19740 Mountain Ash Rd
Town of Rich

SUBMIT - COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

RECEIVED
JUN 12 2015

Permit #:	15-0811
Date:	6-25-15
Amount Paid:	\$215
Refund:	6-25-15

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO A PERMITTEE.

Bayfield Co. Zoning Dept.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>May and Thomas Blum</u>	Mailing Address:	City/State/Zip:	Telephone:
Address of Property: <u>19740 Mainland Rd</u>			<u>6128719543</u>
Contractor: <u>Conusapa WI</u>	Contractor Phone: <u>54827</u>	Plumber:	Plumber Phone:
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone:	Agent Mailing Address (include City/State/Zip):	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: <u>1/4, E 1/2 of Parcel 1</u>	Legal Description: (Use Tax Statement)	PIN: (23 digits) <u>04-010251631405001 40006</u>	Recorded Document: (i.e. Property Ownership) Volume <u>487</u> Page(s) <u>611</u>
Section <u>31</u> , Township <u>S1</u> N, Range <u>26</u> W	CSM Vol & Page <u>pg 161</u>	Lot(s) No.	Block(s) No.
	Town of: <u>Bell</u>	Lot Size	Acres <u>2.02</u>

<input checked="" type="checkbox"/> Shoreland →	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? If yes---continue →	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<input type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →	Distance Structure is from Shoreline: _____ feet		

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
\$ <u>4500</u>	<input checked="" type="checkbox"/> New Construction	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input type="checkbox"/>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u>H.T.</u>	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input type="checkbox"/>	<input type="checkbox"/> Privy (pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input checked="" type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
		<input checked="" type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: <u>10'</u>	Width: <u>20'</u>	Height: <u>6'</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input type="checkbox"/> Principal Structure (first structure on property)		() X ()	
<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)		() X ()	
<input type="checkbox"/> with Loft		() X ()	
<input type="checkbox"/> with a Porch		() X ()	
<input type="checkbox"/> with (2 nd) Porch		() X ()	
<input type="checkbox"/> with a Deck		() X ()	
<input type="checkbox"/> with (2 nd) Deck		() X ()	
<input type="checkbox"/> with Attached Garage		() X ()	
<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		() X ()	
<input type="checkbox"/> Mobile Home (manufactured date) _____		() X ()	
<input type="checkbox"/> Addition/Alteration (specify) _____		() X ()	
<input type="checkbox"/> Accessory Building (specify) _____		() X ()	
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____		() X ()	
<input type="checkbox"/> Special Use: (explain) _____		() X ()	
<input type="checkbox"/> Conditional Use: (explain) _____		() X ()	
<input checked="" type="checkbox"/> Other: (explain) <u>qazcw per 13-1-22 P(3)</u>		(<u>10 x 20</u>)	<u>200 sq'</u>

Secretarial Staff

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): May Blum

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent:

Date 6-11-15

Address to send permit _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

Below: Draw or Sketch Your Property (regardless of what you are applying for)

- (1) Show Location of:

Proposed Construction
- (2) Show / Indicate:

North (N) on Plot Plan
- (3) Show Location of (*):

(*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show:

All Existing Structures on your Property
- (5) Show:

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*):

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*):

(*) Wetlands; or (*) Slopes over 20%

Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	Feet	Setback from Wetland	Feet
Setback from the West Lot Line	Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner, to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.


40 Ft. (9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

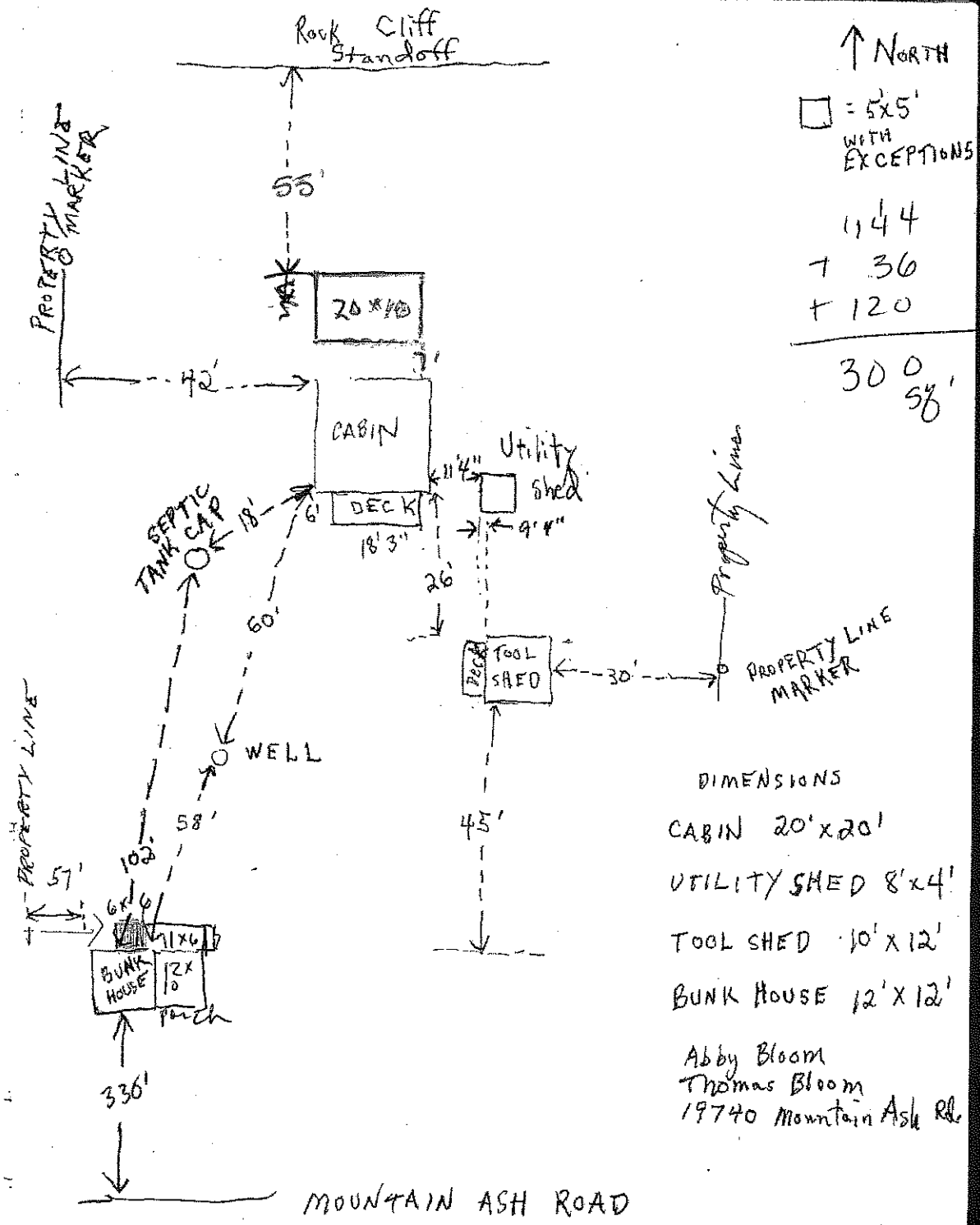
NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
one requires possession Of New One & Two Family Dwelling: All Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 12-675	# of bedrooms: 3	Sanitary Date: 7-2012		
Permit Denied (Date):		Reason for Denial: (10 months 22 month house)				
Permit #: 15-0811	Permit Date: 10-25-15					
Is Parcel a Sub-Standard Lot	<input type="checkbox"/> Yes (Deed of Record)	<input checked="" type="checkbox"/> No	Mitigation Required	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Parcel in Common Ownership	<input type="checkbox"/> Yes (Fused/Contiguous Lots)	<input checked="" type="checkbox"/> No	Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Attached	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Is Structure Non-Conforming	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:				
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Was Proposed Building Site Delineated	<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Inspection Record: Removal of deck addition in violation of permitted principle bldg. setbacks.						
Date of Inspection: 6-22-15	Inspected by: J. Greenwald	Zoning District: (R-1)				
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No - (If No they need to be attached.)		Lakes Classification: (1 - Superior)				
open sided deck shall be no closer than 50' to the top of the bluff. Requirements on attached affidavit shall apply as long as the open structure is present. Existing		Date of Re-Inspection:				
Signature of Inspector: [Signature]		Date of Approval: 6-23-15				
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>		

vegetation ~~50' from the top of the bluff~~ 50' from the top of the bluff state BE maintain it.

@ October 2015

Inset -
:
 Proposed 6x6'
 Bunkhouse
 Addition
 See attached



↑ NORTH
 □ = 5' x 5'
 WITH
 EXCEPTIONS
 1144
 + 36
 + 120
 300 58'

DIMENSIONS
 CABIN 20' x 20'
 UTILITY SHED 8' x 4'
 TOOL SHED 10' x 12'
 BUNK HOUSE 12' x 12'

Abby Bloom
 Thomas Bloom
 19740 Mountain Ash Rd.

Permit #: 15-0887	
Date: 6-29-15	
Amount Paid: \$150	11-10-14
Refund:	

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Value at Time of Completion * include donated time & material	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$ 508-	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1 Story	<input checked="" type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1 Story + Loft	<input type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: <u>HI</u>	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2 Story	<input type="checkbox"/> <u> </u>	<input type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: <u>HI</u>	<input type="checkbox"/> <u> </u>
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement		<input type="checkbox"/> <u> </u>	<input type="checkbox"/> Privy (Pit) or Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement		<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/> Foundation				<input type="checkbox"/> Compost Toilet	
	<input type="checkbox"/> <u> </u>				<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)		Length:	Width:	Height:
Proposed Construction:		Length:	Width:	Height:
Proposed Use	✓	Proposed Structure		Square Footage
Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)		() X)
	<input type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)		() X)
	<input type="checkbox"/>	with Loft		() X)
	<input type="checkbox"/>	with a Porch		() X)
	<input type="checkbox"/>	with (2 nd) Porch		() X)
	<input type="checkbox"/>	with a Deck		() X)
	<input type="checkbox"/>	with (2 nd) Deck		() X)
	<input type="checkbox"/>	with Attached Garage		() X)
	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)		() X)
	<input type="checkbox"/>	Mobile Home (manufactured date)		() X)
Commercial Use	<input checked="" type="checkbox"/>	Addition/Alteration (specify) <u>(2) DECKS 14' x 18' or 18' x 6'</u>		(44 x 18) 252
	<input type="checkbox"/>	Accessory Building (specify) _____		(6 x 18) 108
	<input type="checkbox"/>	Accessory Building Addition/Alteration (specify) _____		(2 x)
	<input type="checkbox"/>	_____		
Municipal Use	<input type="checkbox"/>	_____		
	<input type="checkbox"/>	_____		
	<input type="checkbox"/>	Special Use: (explain) _____		() X)
	<input type="checkbox"/>	Conditional Use: (explain) _____		() X)
Rec'd for Issuance		_____		
JUN 29 2015		_____		
Secretarial Staff		_____		
<input type="checkbox"/>		Other: (explain) _____		() X)

Owner(s): John C. Smith

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

27

Plot per

APPLICATION FOR PERMIT

BAYFIELD COUNTY, WISCONSIN

Date Stamp (Received)

NOV 10 2014

Bayfield Co. Zoning Dept.

APPENDIX

Permit #:

1

Amount Paid:

Refund:

Below: Draw or Sketch your Property (regardless of what you are applying for)

- (1) Show Location of: **Proposed Construction**
North (N) on Plot Plan
- (2) Show / Indicate: (*) Driveway and (*) Frontage Road (Name Frontage Road)
- (3) Show Location of (*): All Existing Structures on your Property
- (4) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (5) Show: (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (6) Show any (*): (*) Wetlands; or (*) Slopes over 20%
- (7) Show any (*):



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	460 Feet	Setback from the Lake (ordinary high-water mark)	100' Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	4100' Feet	Setback from the Bank or Bluff	75 Feet
Setback from the South Lot Line	4100' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	42 Feet	20% Slope Area on property	<input type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	30 Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	18 Feet	Setback to Well	Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

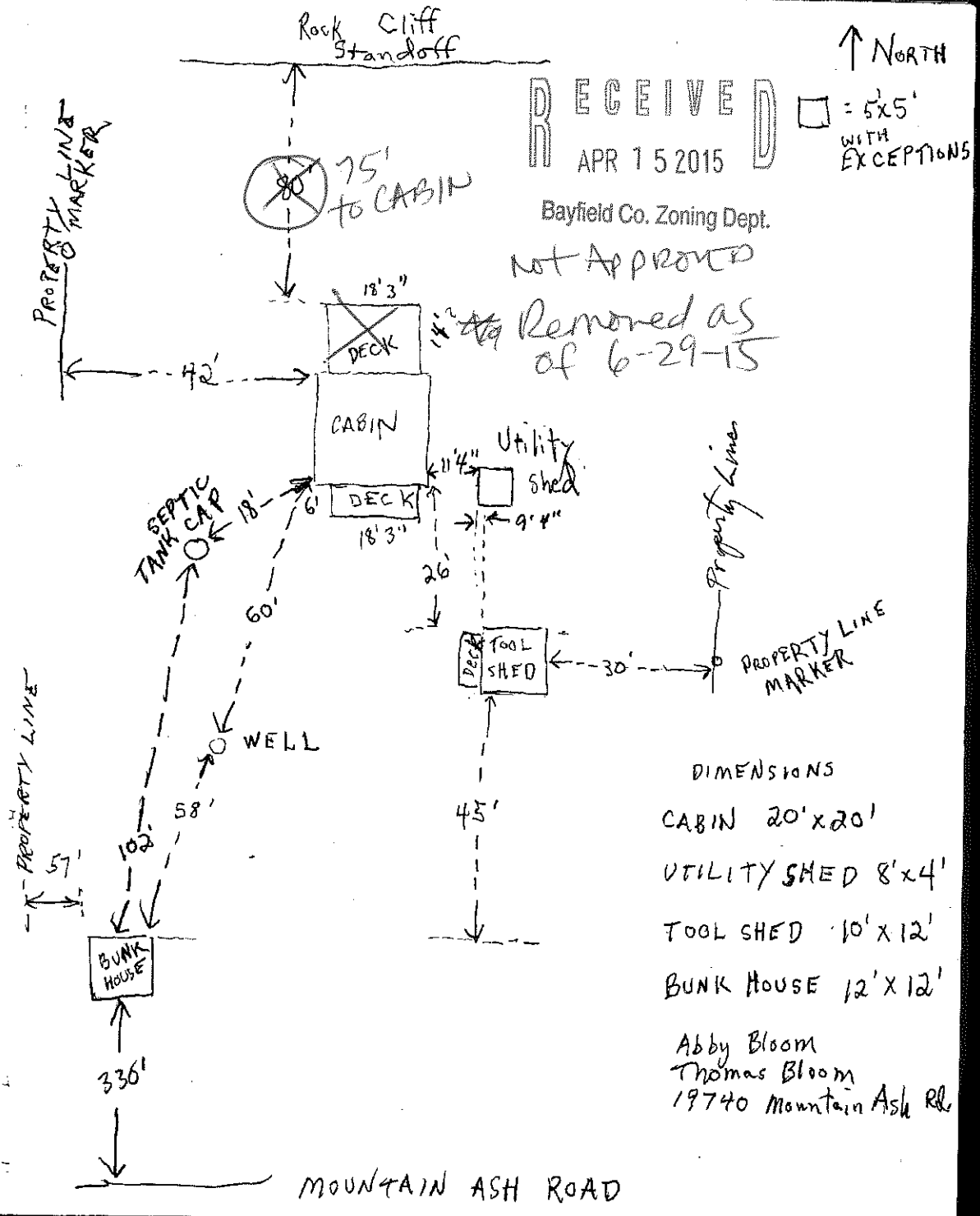
(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 12-1075	# of bedrooms:	Sanitary Date:
Permit Denied (Date):		Reason for Denial:		
Permit #: 15-0367		Permit Date: 10-29-15		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No		Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input type="checkbox"/> No	
Was Parcel Legally Created Was Proposed Building Site Delineated		<input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: several vlos now ABATED				
Date of Inspection: 10/14/15	Inspected by: J. Greenhouse Murphy	Zoning District: (16-1) Lakes Classification: (1) Superior		
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.) now THE NOW-LAKESIDE DECK IS APPROVED. LAKESIDE DECK SHALL BE REMOVED + REPLACED w/ ingress/egress landing AREA BEHIND 48 sq. FT. NOT INCLUDING STAIRS.		Date of Re-Inspection:		
Signature of Inspector: [Signature]		Date of Approval: 10-29-15		
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Enc: <input type="checkbox"/>	<input type="checkbox"/>



RECEIVED
APR 15 2015

Bayfield Co. Zoning Dept.

NOT APPROVED

Removed as
of 6-29-15

↑ NORTH

□ = 5'x5'
WITH
EXCEPTIONS

DIMENSIONS

CABIN 20'x20'

UTILITY SHED 8'x4'

TOOL SHED 10'x12'

BUNK HOUSE 12'x12'

Abby Bloom
Thomas Bloom
19740 Mountain Ash Rd

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN

ENTERED

RECEIVED
JUN 04 2015

Bayfield Co. Zoning Dept.

Permit #:	15-0008
Date:	6-09-15
Amount Paid:	\$210
Refund:	6-08-15

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

HOW DO I FILL OUT THIS APPLICATION (visit our website www.bayfieldcounty.org/zoning/asp)

TYPE OF PERMIT REQUESTED: <input type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>M. Chad and Ellen Elbert</u>	Mailing Address: <u>434 Whitefield St Guilford, CT 06437</u>	City/State/Zip: _____	Telephone: _____
Address of Property: <u>24355 Hwy 13</u>	City/State/Zip: _____	Cell Phone: _____	
Contractor: <u>Steve Denton</u>	Contractor Phone: <u>715-209-5666</u>	Plumber: _____	Plumber Phone: _____
Authorized Agent: (Person Signing Application on behalf of Owner(s))	Agent Phone: _____	Agent Mailing Address (include City/State/Zip): _____	Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No
PROJECT LOCATION: <u>1/4, 1/4</u>	Legal Description: (Use Tax Statement)	PLN: (23 digits) <u>04-010-2-51-06-36-201-000-5000</u>	Recorded Document: (i.e. Property Ownership) Volume _____ Page(s) _____
<u>1/4, 1/4</u>	Gov't Lot _____	Lot(s) _____	Block(s) No. _____
Section <u>36</u> , Township <u>51</u> N, Range <u>6</u> W	Town of: <u>Bed</u>	Lot Size _____	Acreage <u>10.7</u>

<input type="checkbox"/> Shoreland <input checked="" type="checkbox"/> Non-Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input type="checkbox"/> If yes--continue <input checked="" type="checkbox"/> <input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage <input type="checkbox"/> If yes--continue <input checked="" type="checkbox"/>	Distance Structure is from Shoreline: _____ feet	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are Wetlands Present? <input type="checkbox"/> Yes <input type="checkbox"/> No
Distance Structure is from Shoreline: _____ feet				

Value at Time of Completion * include donated time & material	Project (What are you applying for)	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System Is on the property?	Water
\$70,000	<input type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> Seasonal	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input checked="" type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Year Round	<input checked="" type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story			<input checked="" type="checkbox"/> Sanitary (exists) Specify Type: <u>Sanitary Septic</u>	
	<input type="checkbox"/> Relocate (existing bldg)	<input type="checkbox"/> Basement			<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> No Basement			<input type="checkbox"/> Portable (w/service contract)	
		<input type="checkbox"/> Foundation			<input type="checkbox"/> Compost Toilet	
				<input type="checkbox"/> None	<input type="checkbox"/> None	

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>24</u>	Width: <u>18</u>	Height: <u>16</u>
Proposed Construction:			

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with Loft	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with a Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with (2 nd) Porch	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with a Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> with (2 nd) Deck	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with Attached Garage	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Mobile Home (manufactured date)	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>Bed room Addition</u>	(<u>24</u> X <u>18</u>)	<u>432</u>
	<input type="checkbox"/> Accessory Building (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Accessory Building Addition/Alteration (specify) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Special Use: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Conditional Use: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	
	<input type="checkbox"/> Other: (explain) _____	(<input type="checkbox"/> X <input type="checkbox"/>)	

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information. I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may, be a result of Bayfield County relying on this information. I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Michael Elbert Ellen Elbert Robert Elbert Date _____
(if there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ (if you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit _____

Date _____

Attach

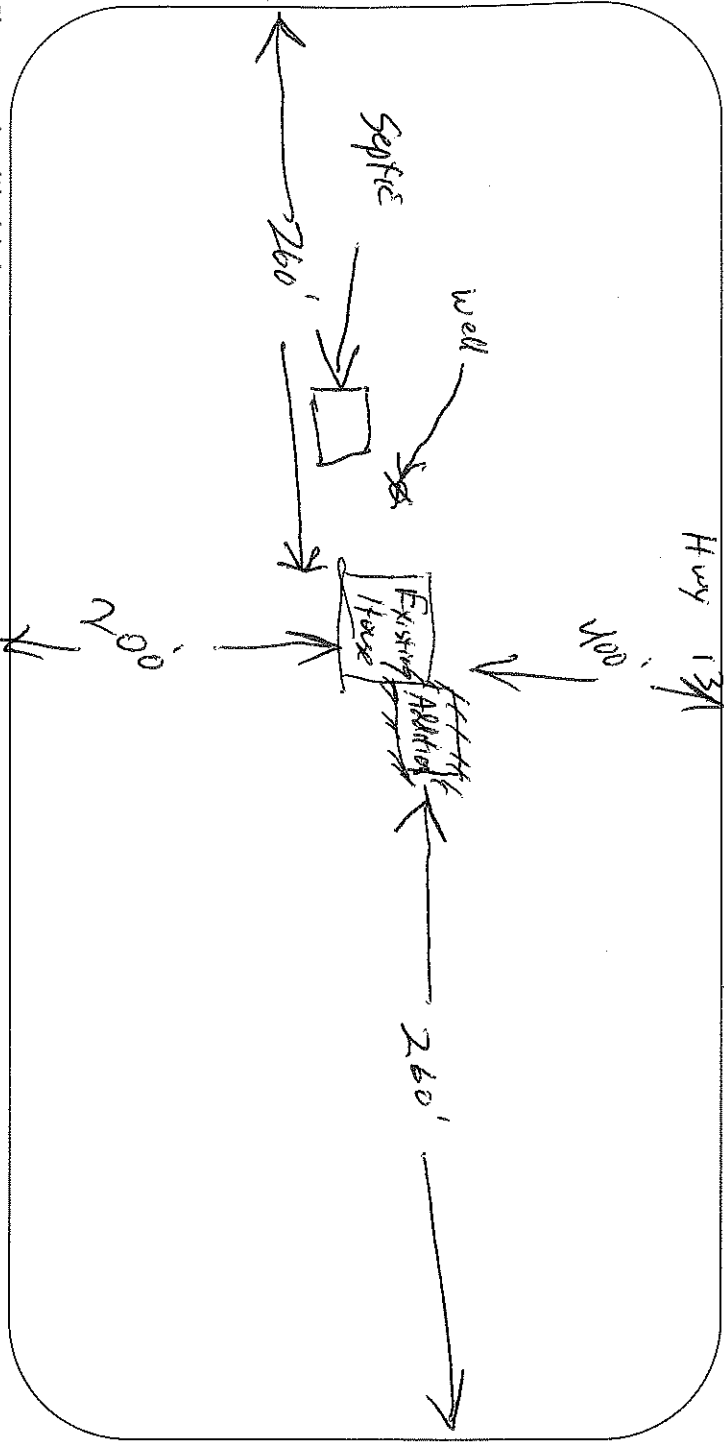
Copy of Tax Statement

If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

Need Homeowner

- (1) Show location of: Proposed Construction
(2) Show / Indicate: North (N) on Plot Plan
(3) Show location of (*): (*) Frontage Road (Name Frontage Road)
(4) Show: All Existing Structures on your Property
(5) Show: (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
(6) Show any (*): (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
(7) Show any (*): (*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	Feet
Setback from the North Lot Line	400' Feet	Setback from the Bank or Bluff	Feet
Setback from the South Lot Line	200' Feet	Setback from Wetland	Feet
Setback from the West Lot Line	260' Feet	Setback from 20% Slope Area	Feet
Setback from the East Lot Line	260' Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	120' Feet	Setback to Well	50' Feet
Setback to Drain Field	100' Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain Field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: All Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 11-805	# of bedrooms: 2	Sanitary Date: 8-24-11
Permit Denied (Date):		Reason for Denial:		
Permit #: 15-0008	Permit Date: 6-29-15	+1 addition sized 3 bedrooms		
Is Parcel a Sub-Standard Lot		<input type="checkbox"/> Yes (Deed of Record)	<input type="checkbox"/> No	Mitigation Required
Is Parcel in Common Ownership		<input type="checkbox"/> Yes (Fused/Contiguous Lot(s))	<input type="checkbox"/> No	Mitigation Attached
Is Structure Non-Conforming		<input type="checkbox"/> Yes	<input type="checkbox"/> No	Affidavit Required
Granted by Variance (B.O.A.)		Previously Granted by Variance (B.O.A.)		Affidavit Attached
Yes <input type="checkbox"/> No <input type="checkbox"/>		Case #:		Yes <input type="checkbox"/> No <input type="checkbox"/>
Was Parcel Legally Created		<input type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	
Was Proposed Building Site Delineated		<input type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	
Inspection Record:		Zoning District (R-1)		
Date of Inspection: 6-22-15		Inspected by: [Signature]		Lakes Classification (N/A)
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No (If No they need to be attached.)		Date of Re-Inspection:		
no fasten bedrooms w/o review of sanitary system. No fasten bedrooms. No land disturbing activity. No new trees 3 bedrooms. No land disturbing activity. No fasten bedrooms east of home w/o necessary				
Signature of Inspector: [Signature]		Date of Approval:		
Hold For Sanitary: <input type="checkbox"/>		Hold For TBA: <input type="checkbox"/>		Hold For Affidavit: <input type="checkbox"/>
		Hold For Fees: <input type="checkbox"/>		<input type="checkbox"/>

none permit. L

ADMIT: COMPLETED APPLICATION, TAX
STAMP AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN
JUN 22 2015
Bayfield Co. Zoning Dept.

Permit #: 15-00330
Date: 6-29-15
Amount Paid: \$1975
Refund: 6-29-15

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.
DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

TYPE OF PERMIT REQUESTED: <input checked="" type="checkbox"/> LAND USE <input type="checkbox"/> SANITARY <input type="checkbox"/> PRIVY <input type="checkbox"/> CONDITIONAL USE <input type="checkbox"/> SPECIAL USE <input type="checkbox"/> B.O.A. <input type="checkbox"/> OTHER			
Owner's Name: <u>BAYLOR MARCO LARSON</u>	Mailing Address: <u>1205 BRISOL DR W SYCAMORE IL 60178</u>	City/State/Zip: <u>SYCAMORE IL 60178</u>	Telephone: <u>815 895-2401</u>
Address of Property: <u>21455 SISKIWIY SQUARE DR</u>		City/State/Zip: <u>CORUNCOPIA WI 54827</u>	Cell Phone: <u>815 751-3202</u>
Contractor: <u>Rebel Mechanical</u>		Contractor Phone: <u>715 779-3037</u>	Plumber: <u>—</u>
Authorized Agent: (Person Signing Application on behalf of Owner(s)) <u>—</u>		Agent Phone: <u>—</u>	Agent Mailing Address (include City/State/Zip): <u>—</u>
PROJECT LOCATION	Legal Description: (Use Tax Statement)	PIN: (23 digits) <u>04-010-2-50-06-21-205-004-1000</u>	Recorded Document: (i.e. Property Ownership) Volume <u>974</u> Page(s) <u>338</u>
	<u>1/4, 1/4</u>	Gov't Lot <u>4</u> Lots CSM Vol & Page Lot(s) No. Block(s) No. Subdivision:	Lot Size Acreage <u>0.78</u>
Section <u>21</u> , Township <u>50</u> N, Range <u>06</u> W Town of: <u>BELL</u>		Distance Structure is from Shoreline: <u>—</u> feet Distance Structure is from Shoreline: <u>45</u> feet	
<input checked="" type="checkbox"/> Shoreland	<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. intermittent) Creek or Landward side of Floodplain? <input checked="" type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage	Is Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input type="checkbox"/> Non-Shoreland	Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Value at Time of Completion * include donated time & material <u>\$ 17,000</u>	Project	# of Stories and/or basement	Use	# of bedrooms	What Type of Sewer/Sanitary System is on the property?	Water
<input type="checkbox"/> New Construction <input checked="" type="checkbox"/> Addition/Alteration <input type="checkbox"/> Conversion <input type="checkbox"/> Relocate (existing bldg) <input type="checkbox"/> Run a Business on Property	<input type="checkbox"/> 1-Story	<input checked="" type="checkbox"/> 1-Story + Loft	<input checked="" type="checkbox"/> Seasonal	<input checked="" type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> 2-Story	<input type="checkbox"/> Year Round	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> (New) Sanitary	<input type="checkbox"/> Well
	<input type="checkbox"/> Basement	<input type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists)	Specify Type: <u>HT</u>	<input type="checkbox"/> Privy (Pit) or <input checked="" type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> No Basement	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)		<input type="checkbox"/> Compost Toilet	
	<input type="checkbox"/> Foundation	<input type="checkbox"/> None	<input type="checkbox"/> None			

Existing Structure: (if permit being applied for is relevant to it)	Length: <u>20</u>	Width: <u>24</u>	Height: <u>19</u>
Proposed Construction: <u>NEW FOUNDATION</u>	Length: <u>—</u>	Width: <u>—</u>	Height: <u>—</u>

Proposed Use	<input checked="" type="checkbox"/> Residential Use <input type="checkbox"/> Commercial Use <input type="checkbox"/> Municipal Use	Proposed Structure		Dimensions	Square Footage
		<input type="checkbox"/> Principal Structure (first structure on property)	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(<u>—</u>)	
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Commercial Use <input type="checkbox"/> Municipal Use	<input type="checkbox"/> with Loft	(<u>—</u>)		
		<input type="checkbox"/> with a Porch	(<u>—</u>)		
		<input type="checkbox"/> with (2 nd) Porch	(<u>—</u>)		
		<input type="checkbox"/> with a Deck	(<u>—</u>)		
		<input type="checkbox"/> with (2 nd) Deck	(<u>—</u>)		
		<input type="checkbox"/> with Attached Garage	(<u>—</u>)		
		<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(<u>—</u>)		
		<input type="checkbox"/> Mobile Home (manufactured date)	(<u>—</u>)		
		<input checked="" type="checkbox"/> Addition/Alteration (specify) <u>NEW FOUNDATION</u>	(<u>25 X 24</u>)	<u>480</u>	
		<input type="checkbox"/> Accessory Building (specify) <u>—</u>	(<u>—</u>)		
<input type="checkbox"/> Accessory Building Addition/Alteration (specify) <u>—</u>	(<u>—</u>)				
<input type="checkbox"/> Special Use: (explain) <u>—</u>	(<u>—</u>)				
<input type="checkbox"/> Conditional Use: (explain) <u>—</u>	(<u>—</u>)				
<input type="checkbox"/> Other: (explain) <u>—</u>	(<u>—</u>)				

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES.
I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on the information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Baylor Larson Madeline Date 6/22/15

(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: — Date —

(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

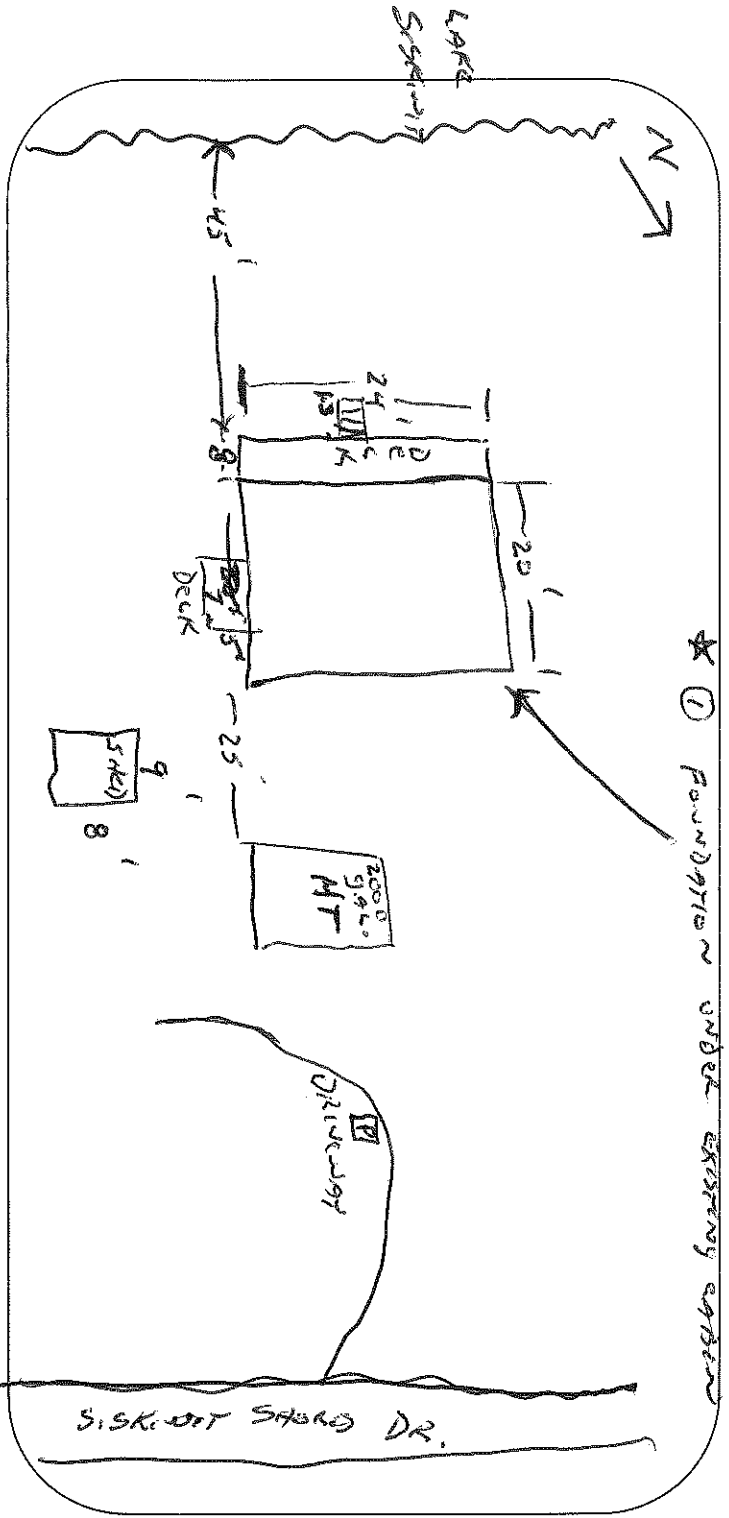
Address to send permit 1205 BRISOL DR. W. SYCAMORE IL 60178

Attach
Copy of Tax Statement
If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

- (1) Show Location of:
 (2) Show / Indicate:
 (3) Show Location of (*):
 (4) Show:
 (5) Show:
 (6) Show any (*):
 (7) Show any (*):

- Proposed Construction
 North (N) on Plot Plan
 (*) Driveway and (*) Frontage Road (Name Frontage Road)
 All Existing Structures on your Property
 (*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
 (*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
 (*) Wetlands; or (*) Slopes over 20%



Please complete (1) - (7) above (prior to continuing)

(8) Setbacks: (measured to the closest point)

Changes in plans must be approved by the Planning & Zoning Dept.

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	400 +/- Feet	Setback from the Lake (ordinary high-water mark)	52 Feet
Setback from the Established Right-of-Way	Feet	Setback from the River, Stream, Creek	N/A Feet
Setback from the North Lot Line	300 Feet	Setback from the Bank or Bluff	N/A Feet
Setback from the South Lot Line	50 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	40 Feet	20% Slope Area on property	Yes No
Setback from the East Lot Line	241 Feet	Elevation of Floodplain	M Feet
Setback to Septic Tank or Holding Tank	25 Feet	Setback to Well	N/A Feet
Setback to Drain Field	Feet		
Setback to Privy (Portable, Composting)	Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.

For The Construction Of New One & Two Family Dwellings: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.

The local Town, Village, City, State or Federal agencies may also require permits.

Issuance Information (County Use Only)		Sanitary Number: 425398	# of bedrooms: 4	Sanitary Date: 10/21/09
Permit Denied (Date):	Reason for Denial:			
Permit #: 15-00280	Permit Date: 10-29-15			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input checked="" type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> No <input type="checkbox"/> Yes (Used/Contiguous Lot(s)) <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Yes Setback <input type="checkbox"/> No <input type="checkbox"/> Yes No	Mitigation Required Mitigation Attached	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached
Granted by Variance (B.O.A.)	Vehicle Emissions	Previously Granted by Variance (B.O.A.)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Was Parcel Legally Created	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record:				
Date of Inspection: 6/20	Inspected by: [Signature]			
Condition(s): Town, Committee, or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If No they need to be attached.)				
Must Maintain Proper Setbacks				
Must Maintain Current Highway Practices				
Signature of Inspector: [Signature]	Date of Approval: 10/21/15			
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>